

EXHIBIT A

Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY COASTAL PLAINS INSURANCE LLC
16-0033-00 Mkt Terr 081 (843) 785-7733

INSURED ANNA MAE BOLDEN

ADDRESS 609 WILLIAM HILTON PKY
HILTON HEAD SC 29928-3501

Issued 12-23-2014
Policyholder since 1995
HOMEOWNERS POLICY DECLARATIONS

Renewal Effective 02-03-2015

POLICY NUMBER 44-180-363-00

Company Use 36-89-SC-9502

| | | |
|-----------------|-------------|------------|
| Company Bill | POLICY TERM | |
| | 12:01 a.m. | 12:01 a.m. |
| | to | |
| | 02-03-2015 | 02-03-2016 |

FOR COMPANY/AGENCY USE ONLY

ATTACHED FORMS MUST BE VIEWED IN MOBIUS APPS SUITE.

The following attachments were issued with this transaction:

| | | | | |
|----------------|----------------|----------------|----------------|----------------|
| 17903 (02-96) | 17642 (02-96)B | 57006 (03-07)A | 17194 (02-96)A | 57444 (01-12) |
| 17618 (02-96)A | 17679 (08-11)F | 17369 (02-96) | 17908 (07-11)A | 17594 (08-11)B |
| 17780 (05-03) | 17386 (02-96) | 57452 (04-12) | 57023 (08-13)A | 17390 (07-07)A |
| 17761 (06-05) | 17447 (03-97) | 57108 (08-07) | 57523 (05-13) | 57635 (08-14) |
| 59325 (07-04)A | 59306 (02-14)B | | | |

Premium/Commission Recap:
\$2,993.06 @ 16.0%

| | |
|------------------------|-------------------------------|
| Billing Type | Company Bill - MONTHLY |
| Billing Account Number | 001515104 |
| Insured Copy Mailed To | Insured |
| Trailback Date | 12-23-2014 |
| USER-ID | RENL |
| Previous Policy Number | 01 16-0033-00 958916-36136583 |
| Reinsurance Dec Copy | No |

16-0033-00
COASTAL PLAINS INSURANCE LLC
PO BOX 6869
HILTON HEAD ISLAND SC 29938-6869

12-23-2014

ANNA MAE BOLDEN
609 WILLIAM HILTON PKY
HILTON HEAD SC 29928-3501



P.O. BOX 30660, LANSING, MICHIGAN 48909-8160 • 517-323-1200

AUTO-OWNERS INSURANCE COMPANY
AUTO-OWNERS LIFE INSURANCE COMPANY
HOME-OWNERS INSURANCE COMPANY
OWNERS INSURANCE COMPANY
PROPERTY-OWNERS INSURANCE COMPANY
SOUTHERN-OWNERS INSURANCE COMPANY

**You may view your policy online at
www.auto-owners.com.**

To enroll, use the policy number **44-180-363-00**
and Personal ID code (PID) **C4N 6X6 4N6**.

Once enrolled, you may choose to stop
receiving the paper policy in the mail.

Your agency's phone number is (843) 785-7733

RE: Policy 44-180-363-00

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a variety of programs, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need.

~ Serving Our Policyholders and Agents Since 1916 ~

Homeowners Insurance Policy

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

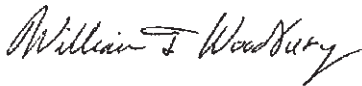
PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

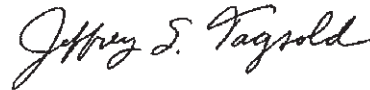
NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.



Secretary



President

Auto-Owners

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INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY COASTAL PLAINS INSURANCE LLC
16-0033-00 Mkt Terr 081 (843) 785-7733

INSURED ANNA MAE BOLDEN

ADDRESS 609 WILLIAM HILTON PKY
HILTON HEAD SC 29928-3501

17560 (10-09)
Issued 12-23-2014
Policyholder since 1995
HOMEOWNERS POLICY DECLARATIONS

Renewal Effective 02-03-2015

POLICY NUMBER 44-180-363-00

Company Use 36-89-SC-9502

| | | |
|-----------------|-------------|------------|
| Company Bill | POLICY TERM | |
| | 12:01 a.m. | 12:01 a.m. |
| | to | |
| | 02-03-2015 | 02-03-2016 |

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

| | |
|--------------------------------------|------------|
| | TERM |
| TOTAL POLICY PREMIUM | \$2,993.06 |
| PAID IN FULL DISCOUNT | -149.65 |
| TOTAL POLICY PREMIUM IF PAID IN FULL | \$2,843.41 |

The Paid In Full Discount is based on favorable loss experience for the collective group of policyholders who choose to pay their premiums in full directly to the company.

SOME OR ALL OF THE LOCATIONS ON THIS POLICY CONTAIN AN EXCLUSION FOR THE PERILS OF WINDSTORM AND HAIL.

LOCATION 001

HOMEOWNERS POLICY FORM 3

Location: 609 WILLIAM HILTON PKWY HILTON HEAD SC 29928-3501
COINSURANCE CLAUSE - SOUTH CAROLINA VALUATION CLAUSE APPLIES

| PROPERTY AND PERSONAL LIABILITY PROTECTION COVERAGES | LIMITS | PREMIUM |
|--|-----------|----------|
| A Dwelling | \$342,000 | Included |
| B Other Structures | 68,400 | Included |
| C Personal Property | 239,400 | Included |
| D Additional Living Expense and Loss of Rents | 102,600 | Included |
| E Personal Liability (each occurrence) | 500,000 | Included |
| F Medical Payments (each person) | 5,000 | Included |

Section I Deductible
\$500 - All Peril Deductible

COVERAGES INCLUDED IN YOUR POLICY

| | | |
|--|--------|----------|
| Accidental Death Benefit | 20,000 | Included |
| Property Coverage Limitation for Fungi, Wet Rot, Dry Rot and Bacteria resulting from a covered cause of loss | 68,400 | Included |
| Credit and Fund Transfer Card Coverage | 1,000 | Included |
| Loss Assessment Coverage | 2,500 | Included |
| Fire Department Charges | 500 | Included |

ADDITIONAL COVERAGES THAT APPLY

| | |
|---|----------|
| Personal Property Replacement Cost | |
| Homeowners Plus | |
| Mortgage Extra Expense Coverage (\$500 Deductible) | |
| Refrigerated Products Coverage (\$250 Deductible) | |
| Glass Breakage (\$250 Deductible) | |
| Water Seepage or Leakage (\$500 Deductible) | \$50,000 |
| Water Backup Of Sewers Or Drains (\$500 Deductible) | 5,000 |
| Ordinance Or Law Coverage | |

TOTAL PREMIUM BEFORE ADJUSTMENTS

\$8,799.77

PREMIUM ADJUSTMENTS THAT APPLY

Section I Deductible
\$500 - All Peril Deductible

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AUTO-OWNERS INS. CO.

17560 (10-09)
Issued 12-23-2014AGENCY COASTAL PLAINS INSURANCE LLC
16-0033-00 Mkt Terr 081Company POLICY NUMBER 44-180-363-00
Bill Company Use 36-89-SC-9502

INSURED ANNA MAE BOLDEN

Term 02-03-2015 to 02-03-2016

WINDSTORM OR HAIL EXCLUSION DISCOUNT
 Age of Insured Discount - Policy Term Age 86
 Wood/Coal Heating Surcharge
 Coverage A Less Than 100% Replacement Cost Charge
 Protective Devices Discount
 Paid In Full Discount is available
 Year of Construction Surcharge
 Claim Free Discount

TOTAL ADJUSTMENTS

\$5,806.71-

RATING INFORMATION

Adjusted Value Factor: 1.024
 Construction: Frame
 Families: 1
 Territory: 36
 Occupancy: Primary
 Year Built: 1969

Rated Protection Class: 3
 Hydrant: Within 1,000 Feet
 Fire Dept: Within 5 Miles
 Location: Inside City Limits
 Community: HILTON HEAD ISLAND
 Wood/Coal Heating

80% Rates Apply
 County: 7
 Beaufort
 Pool Code: 02

TOTAL LOCATION PREMIUM

\$2,993.06

FORMS THAT APPLY TO THIS LOCATION: 17903 (02-96) 17642 (02-96) 57006 (03-07)
 17194 (02-96) 57444 (01-12) 17618 (02-96) 17679 (08-11) 17369 (02-96)
 17908 (07-11) 17594 (08-11)

SECURED INTERESTED PARTIES: See Attached Schedule

FORMS THAT APPLY TO ALL LOCATIONS: 17780 (05-03) 17386 (02-96) 57452 (04-12)
 57023 (08-13) 17390 (07-07) 17761 (06-05) 17447 (03-97)

TOTAL POLICY PREMIUM

\$2,993.06

Auto-Owners

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SECURED INTERESTED PARTIES AND/OR ADDITIONAL INTERESTED PARTIES

Loc 001
REVERSE MORTGAGE SOLUTIONS
DBA VERTICAL LEND
ISAOA/ATIMA
PO BOX 39218
OLON OH 44139-0218
Interest: Mortgagee
SIP-ID: OH252817

Loan: [REDACTED]

be the ratio of this insurance to the total amount of all insurance which applies.

j. ADJUSTED VALUE PROVISION

The limit of insurance applying to Coverage A - Dwelling will be adjusted at the end of each policy term by the percentage change in construction costs during the policy term in the area in which the **residence premises** is located.

Each Renewal Declarations will show the actual percentage used to compute the revised limits of insurance. The limit for Coverage A - Dwelling will be rounded to the nearest \$500 for an annual policy period, subject to a \$1,000 minimum. The limit of Coverage A - Dwelling will be rounded to the nearest \$250 for a six-month term, subject to a \$500 minimum.

k. MORTGAGE CLAUSE

This provision applies to only the mortgagee named in the Declarations. It does not affect **your** rights or duties under this policy.

The word mortgagee includes a trustee under a deed of trust and a contract seller under a land contract.

Loss covered by the policy, if any, shall be payable to the mortgagee, as their interest may appear, under all present or future mortgages upon the property described in the Declarations of this policy in which the mortgagee may have an interest. If more than one mortgagee is named in the Declarations, payment shall be made in order of precedence of the mortgages.

If **we** deny **your** claim, such denial will not apply to a valid claim of the mortgagee, provided the mortgagee:

- (1) notifies **us** of any change of ownership or occupancy or substantial change in exposure which has come to the knowledge of the mortgagee;
- (2) pays any premium due under this policy that **you** or the mortgagor has neglected to pay; and
- (3) submits to **us**, within 60 days after receiving notice from **us** of **your** failure to do so, a proof of loss signed and sworn to by the mortgagee.

Whenever **we** pay the mortgagee any sum for loss under this policy and deny payment to **you** for such loss:

- (1) to the extent of such payment, **we** are legally subrogated to all rights of the mortgagee under the terms of the mortgage on the covered property; or
- (2) at **our** option, **we** may pay to the mortgagee the whole principal due, with interest accrued, and shall then receive full assignment and transfer of the mortgage and of all collateral.

Subrogation shall not impair the right of the mortgagee to recover the full amount of the mortgagee's claim.

We may cancel or nonrenew this policy at any time as provided by its terms. **We** will notify the mortgagee at least 10 days prior to the effective date of the cancellation or nonrenewal. **We** may also cancel this agreement by providing 10 days notice to the mortgagee.

All policy terms and conditions apply to the mortgagee.